

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1579  
267

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City, Mo. (No. Northeast Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Infant White 300

(a) Residence, No. 2005 Indep. Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/16/1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
X X X or \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XX

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME Jerome A. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Givens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Jerome A. White  
 (ADDRESS) 2005 Indep. Ave. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE 1/17/38

19. UNDERTAKER Sheil Funeral Home  
 (ADDRESS) 6606 Indep. Ave. K. C. Mo.

20. FILED Jan 17 1938 7:30 P. M. Crowne Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 to Jan 16, 1938  
 last saw him alive on Jan 16, 1938 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral  
Vascular Insufficiency  
 Date of onset 15

Other contributory causes of importance:

Premature Birth  
6 1/2 mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) Dr. Frank C. Crowne M. D.  
 (Address) 4316 29th. St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 18 1937

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MO. STATE BOARD OF HEALTH